

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

REQUEST FOR REVOCATION OF OPERATING AUTHORITIES

NAME OF COMPANY	T-NUMBER OR PSG-NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER ()	

**RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102**

THE UNDERSIGNED REQUESTS THE REVOCATION OF THE OPERATING AUTHORITIES CHECKED BELOW:

- | | |
|---|--|
| <input type="checkbox"/> HOUSEHOLD GOODS CARRIER PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "P" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "S" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "Z" PERMIT | |

Revocation requested because: _____

The last day of operation under the above permit(s) and/or certificate(s) was _____

I (we) understand that I am hereby requesting permanent and final revocation of the permit(s) and/or certificate(s) checked above.

Date: _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer